	1 E-003
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	1
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT:	
FINDINGS AND RECOMMENDATION OF COMMISSIONER	CASE NUMBER:
Name (specify): objected to Commissioner	r (name):
hearing this matter as a temporary judge.	(namo).
2. THIS MATTER PROCEEDED AS FOLLOWS	
a. By court hearing, appearances as follows:	
(1) Date: Dept.: Judicial officer:	
(2) Petitioner/Plaintiff present Attorney present (name):	
(3) Respondent/Defendant present Attorney present (name):	
(4) Other parent present Attorney present (name):	-1.
(5) Local child support agency attorney (Family Code, §§ 17400, 17406) (name (6) Other (specify):	
	Respondent/Defendant Other parent
3. Attached is a computer printout showing the parents' income and percentage of time.	
The printout, which shows the calculation of child support payable, will become the	court's findings.
4. Land This recommended order is based on the attached documents (specify):	
5. THE COMMISSIONER RECOMMENDS THE FOLLOWING	
a. All orders previously made in this action remain in full force and effect except as mod	dified below.
b. (Name of mother):	
(Name of father):	
are the parents of the children listed below.	
c. Obligor must pay current child support as follows: Name Date of birth	Monthly support amount
<u>Name</u> <u>Date of Diffit</u>	Monthly support amount
(1) Other (specify):	
	y of each month
beginning (<i>date</i>): (3) The support order was reduced, pursuant to the low income adjustment, be	cause the Obligor's net monthly
income is less than \$1,000.	saces and example of not morning
(4) Any support ordered will continue until further order of court, unless terminated by	y operation of law.
NOTICE: Any party required to pay child support must pay interest on overdue an	nounts at the "legal" rate, which is

currently 10 percent.

PETITIONER/PLAINTIFF:	CASE NUMBER:			
RESPONDENT/DEFENDANT:				
OTHER PARENT:				
5. d. Obligor must pay child support for past periods and in the amounts set forth bel Name Date of birth Period of support	ow: <u>Amount</u>			
(1) Other (specify): (2) For a total of: \$ payable on the: beginning (date):	day of each month			
(3) Interest will accrue on the entire principal balance owing and not on eace. Obligor owes support arrears as follows, as of (date): (1) Child support: \$ Spousal support: \$ (2) Interest is not included and is not waived. (3) Payable: \$ on the: beginning (date):	Family support: \$			
 (4) Interest accrues on the entire principal balance owing and not on each f. No provision of this judgment/order may operate to limit any right to collect the principal charge and collect interest and penalties as allowed by law. All payments ordered are g. All payments must be made to (name and address of agency): 	oal (total amount of unpaid support) or to			
 h. An Order/Notice to Withhold Income for Child Support (form FL-195) must issue. i. Obligor Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services for the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, a Health Insurance Coverage Assignment (form FL-470) must issue. j. Both parents must complete a Child Support Case Registry Form (form FL-191) and send (deliver or mail) it to the local child 				
support agency within 10 days of the date of this judgment. The parents must notify change in the information submitted within 10 days of the change by submitting an k. The form <i>Notice of Rights and Responsibilities</i> and <i>Information Sheet on Changing</i> attached.	the local child support agency of any updated form. a Child Support Order (form FL-192) is			
 I The following person (the "Other Parent") is added as a party to this action uning. m Obligor must pay costs of (specify): to (specify): n The court further recommends (specify): 	der Family Code section 17404 (name):			
Date:				
6. Number of pages attached: SIGNATURE FOLLO	COMMISSIONER DWS LAST ATTACHMENT			

Page 2 of 3

PETITIONER/PLAINTIFF:			CASE NUMBER:			
RESPONDENT/DEFENDANT:						
OTHER PARENT:						
CLERK'S CERTIFICATE OF MAILING OR SERVICE						
I certify that I am not a party to this cause and that						
1. Personal service. A true copy of this Finding Petitioner/Plaintiff Responded at the hearing of this matter before the compact Mail. A true copy of this Findings and Reconstructions at (place): on (date):	dent/Defendant nmissioner. ommendation of C	Other parent ommissioner was maile		id, in a		
Date:	Clerk, by			, Deputy		